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SERIAL NUMBER 10/645,191	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. SC-XOA-102
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APPLICANTS

James J. Landi, West Orange, NJ;
 Michael Landi, Glen Ridge, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **

** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged _____ Examiner's Signature Initials				

ADDRESS

530

TITLE

HUMAN LIMB/JOINT PROTECTIVE PAD AND METHOD OF MAKING

FILING FEE RECEIVED 576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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